

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000004948**



1. Entity Name  
**PORT ST. JOE CHURCH OF THE NAZARENE  
INCORPORATED**

Principal Place of Business  
**2420 LONG AVE  
PORT ST JOE, FL 32456**

Mailing Address  
**2420 LONG AVE  
PORT ST JOE, FL 32456**



01272008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-6546055</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**EVANS, MICHAEL H REV  
2430 LONG AVE  
PORT SAINT JOE, FL 32456**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EVANS, MICHAEL H 2430 LONG AVE PORT SAINT JOE, FL 32456
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOUINGTON, BETTY 1014 WOODWARD AVE PORT SAINT JOE, FL 32456
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOUINGTON, MITCHELL 1502 PALM BLVD. PORT ST. JOE, FL 32456
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAMORAN, JESS 223 FRALEY ST WEWAHITCHKA, FL 32465
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Michael H Evans*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/08

Date

850-229-9596

Daytime Phone #